



## **REQUEST FOR SPEEDY CONFERENCE** **BECAUSE OF HARDSHIP**

Employee's Name: \_\_\_\_\_ DIA Board #: \_\_\_\_\_

Employer: \_\_\_\_\_ Insurer: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ DIA Region: \_\_\_\_\_

Please indicate which of the following **HARDSHIP CRITERIA** applies and follow the instructions below:

- ☐ You are presently unemployed;
- ☐ You have exhausted other benefit sources (Public Assistance, Veterans Benefits, Private Insurance, Social Security, Unemployment Insurance), or do not qualify for same;
- ☐ You and your family have income and assets that are inadequate to provide basic necessities and comforts of life for you and your dependents;
- ☐ You have a foreclosure/eviction proceeding pending against you (attach copy);
- ☐ You received a notice of utility termination for non-payment (attach copy) and you have exhausted other sources of relief (explain briefly below).

State briefly the specific facts that support your **REQUEST FOR SPEEDY CONFERENCE BECAUSE OF HARDSHIP** for reason(s) checked above or for other reasons stated below (use back of form or attach additional sheets if necessary).

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### **INSTRUCTIONS**

1. Attach completed Affidavit Form (Form 132) and documentation supporting claim of hardship.
2. You may not file a Request for Speedy Conference Because of Hardship until your claim has been conciliated.
3. Mail to:

Deputy Director, Division of Dispute Resolution  
 Department of Industrial Accidents  
 600 Washington Street, 7th Floor  
 Boston, MA 02111

Employee's Signature \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

For Department Use Only

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**REQUEST GRANTED**

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**REQUEST DENIED**

Signature of Deputy Dir. of Dispute Resolution: \_\_\_\_\_ Date: \_\_\_\_\_

[illegible]